	TAILITA			TERMINATIO er 29, 1999				19/5	26	930	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
FO	R	NUMB	NUMBER FILED NUMBER EXTRA		R	ATE	FEE		RATE	FEE	
BAS	SIC FEE							345.00	OR		690.00
TOTAL CLAIMS			<b>47</b> minus 20=		. 27		\$ 9=		OR	X\$18=	48600
ND	EPENDENT CLA	IMS 10	minus (	3=: 7		×	(39=		OR	X78=	546.00
MULTIPLE DEPENDENT CLAIM PRESENT							130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2							OTAL		OR	TOTAL	17220
CLAIMS AS AMENDED - PART II							JIAL		On	OTHER	
	CL	(Column 1)	AMENDED	(Column 2)	(Column 3)	SI	MALL	ENTITY	OR	SMALL	
A FA		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENOMENT	Total	.47	Minus	47	=	×	(\$ 9=		OR	X\$18=	11 THE 12
ME	Independent	. 10	Minus	10	= /	>	⟨39=		OR	X78=	
⋖_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						130=		OR	+260=	
	•					Ľ	TOTAL		ł	TOTAL	
						ADE	OIT. FEE		JOR	ADDIT. FEE	
	Name of the last o	(Column 1) CLAIMS	200270313	(Column 2) HIGHEST	(Column 3)	_		ADDI-	1	<u> </u>	ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	TIONAL FEE		RATE	TIONAL FEE
	Total:	. 47	Minus	47	= /		(\$ 9=		OR	X\$18=	
	Independent	. 10	Minus .	10	=		 (39=		OR	X78=	
	FIRST PRESE	NTATION OF I	MULTIPLE DE	PENDENT CLAIM	1		400	<b>†</b>		.250-	
						Ľ	130= TOTAL		OR	+260=	
						ADI	DIT. FEE		OR	ADDIT. FEE	
•		(Column 1)		(Column 2)	(Column 3)	<b>.</b>			_		
INTC		CLAIMS REMAINING AFTER AMENDMENT	1	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MO	Total	•	Minus	**	=	] [;	<b>(\$</b> 9= ·		OR	X\$18=	
<b>AMENDMENT</b>	Independent	•	Minus	***	=		X39=	<u> </u>	OR	V70	
A	FIRST PRESE	NTATION OF	MULTIPLE DE	PENDENT CLAIM	VI	┛┡		<del> </del>	┧ <sup>┉</sup>	<del>                                     </del>	<del> </del>
				6!s = 502 !	antuma 2	Ľ	130=		OR		
••	If the entry in colu If the "Highest Nu "If the "Highest Nu	mber Previously	Paid For IN TH	umn 2, write "0" in o IS SPACE is less th	nan 20, enter "20	)." ADI	TOTAL DIT. FEE		OR	ADDIT, FEE	

Application or Docket Number